| DEPARTMENT OF PUBLIC MEALTY AND WILL PARK IN THE PROPERTY BOUNTED No.  MINISTOR ON HOT WITH  MINISTOR ON HOT WITH  MINISTOR ON HOT WITH  MINISTOR  REV. 4/59  1. CANTE DEPARTMENT No.  1. CANTE DEPA | MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-049246$ |                      |   |                                     |  |  |
|--|--|----------------------|---|-------------------------------------|--|--|
| Part      | DEP  | COOPERATE OF PA      | Registration District No  | STATE FILE NUMBER                   |  |  |
| TOWN STATES OF THE STATE OF THE STATES OF TH | ON THIS STUB   |                      |   |                                     |  |  |
| Dec. CITY I counted copputer timin, give I CONTROLLE CALLY    Week   County   County | vs 300   |                      | * COUNTY Jackson * STATEMISSOURL B. COUNTY  |                                     |  |  |
| ACOUNTY Trinity Luthern Hosp. Tale 100 2925 Farant Var No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Rev. 4/59  |                      |   | Inside Limits                       |  |  |
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| 3 NAME OF DECRAFIE First Middle Lat Decamber 5, 1962 4 C 5 1 5 1   | <del>- '  </del>   | կավ ի ի ի            | HOSPITAL OR ADDRESS   | · · ·                               |  |  |
| Companies   Comp   | 25177.   | _ \ <u>\</u>         | Trinity Lucitern nosp Zozo i a woi.   |                                     |  |  |
| 5. SEX 6. COLOR OR RACE 7. Abrited 2 New Married 3 S. DATE OF DIRTH 4. AGE RAN Blinday) 10 UNDER 1 YEAR IF UNDER 2 AH MALE 10 Under 10 Not Married 3 Not Mar | 3  |                      | (Type or print)   | •                                   |  |  |
| Mail   | 4 6  | 1111                 |   |                                     |  |  |
| 10. USUAL OCCUPATION (Sive kind of work done 10b. KIND OF BUSINES OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY MEDICAL ACTION MEDICAL | 5 1  |                      | Widowed Divorced Annex 5  | - Months Days Hours Min             |  |  |
| This solid and the second service of the service of |  | _                    | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or count                                   | Y) 12. CITIZEN OF WHAT COUNTRY      |  |  |
| 15. WAS DECEASE EVER IN U.S. ARMED FORCES?  (Yes, 10, or unknown) (if yes, olive war of dates of service)  10  10  11  10  12   8.0   94   10   10  11  12   8.0   10  13  14  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, 10, or unknown) (if yes, olive war of dates of service)  10  11  12   8.0   94   10   10  12   8.0   95   10  13  14  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, 10, or unknown) (if yes, olive war of dates of service)  16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  18. MAD ILLEY TO DD 2925 FA TAON  19. OALLY AND CAUSE (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  10  11  12   8.0   95   95    13  14  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, 10, or or only one cause per line for PART II. DUE TO (a)  18. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (b)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter only one cause per line for PART II. DUE TO (a)  19. CAUSE OF DEATH (Enter on | 6  | <u> </u>             | Physician   Medical   Atlanta, Georgia  |                                     |  |  |
| 15. WAS DECRESO EVER IN U.S. ARMED FORCES?  10. OCH ON DECRET (Free, only, one cause per line of PART I. DECRET (No. of CAUSE OF DEATH (Enter only, one cause per line of PART I. DEATH WAS CAUSED BY:  IMMODIATE CAUSE (a)  11. OCH ON DECRET (Enter only, one cause per line of PART I. DEATH WAS CAUSED BY:  IMMODIATE CAUSE (a)  12. FRANTIL CONTRIBUTION TO DEATH BUT OF PART II. If deceased was ferred was firstle was above cause (a), per ling the underlying cause lines. On PART II. DEATH WAS CAUSED BY:  13. THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal PART III. If deceased was ferred was firstle was above cause (a), per ling the underlying cause lines. On PART II. OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the terminal PART III. If deceased was ferred was firstle was above cause (a), per line of PART III. If deceased was ferred was firstle was above cause (a), per line of PART III. If deceased was ferred was firstle was above cause (a), per line of PART III. OF PART III. OF PART II. OF PA | 7 /  | ğ                    |   |                                     |  |  |
| 10   10   10   10   10   10   10   10  | 8 D. i   | 1 1 1 1 1            | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   |                                     |  |  |
| 10 O O O O O O O O O O O O O O O O O O O   | 011 14 14  | ⋖                    | (Yes, no, or unknown) (If yes, give war or dates of service 5 Mollies Tropp 2925  |                                     |  |  |
| IMMEDIATE CAUSE (a)    Image: Conditions of any, which gave rise to above cause (a), stating the underly, which gave rise to above cause (a), stating the underlying cause (b), stating the underlying cause (a), stating the underlying cause (b), stating the underlying cause (c),  |  | *                    | ! 18. CAUSE OF DEATH (Enter only one cause per line fo  | INTERVAL BETWEEN ONSET AND DEATH    |  |  |
| Conditions, if any which gave rise to which gave rise to the terminal part in the terminal part in the terminal part in the terminal part in the terminal disease condition given in PART i (a)  NOT STATE  NOTE TO BE TO CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART i (a)  NOTE TO STATE TO STATE THE TO STATE TO STATE THE TO STATE TO STATE TO STATE THE TO STATE TO STATE THE TO STATE TO STATE THE |  |                      | // A // E   | operat-                             |  |  |
| which gave rise to above cause (a), stering the underly lying cause (ast.)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH but not related to the terminal part there a pregnancy in last 90 days.  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH but not related to the terminal there are pregnancy in last 90 days.  II. WAS AUTOPY [FO. ACGIDENT JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART III of Hem 18.)  PART III. If deceased wes female was there a pregnancy in last 90 days.  II. WAS AUTOPY [FO. ACGIDENT JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART II of Hem 18.)  PART III. If deceased wes female was there a pregnancy in last 90 days.  II. WAS AUTOPY [FO. ACGIDENT JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART II of Hem 18.)  PART III. If deceased wes female was there a pregnancy in last 90 days.  II. WAS AUTOPY [FO. ACGIDENT JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART II of Hem 18.)  PART III. If deceased wes female was there a pregnancy in last 90 days.  II. WAS AUTOPY [FO. ACGIDENT JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART II of Hem 18.)  PART III. If deceased wes female was there a pregnancy in last 90 days.  II. WAS AUTOPY [FO. ACGIDENT JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART II of Hem 18.)  PART III. II deceased wes female was there a pregnancy in last 90 days.  II. WAS AUTOPY [FO. ACGIDENT JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART II of Hem 18.)  PART III. II deceased wes female was there a pregnancy in last 90 days.  II. JUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or  | 11   |                      | (mt)  | ( hu Party                          |  |  |
| Not while at work  | 12 Z X - 7/1   |                      | which gave rise to  | my)                                 |  |  |
| NOT WHILE AT WORK   10. MAS AUTOPY   100. ACCIDENT GUICIDE   10. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of Item 18.)    Value   10. MAS AUTOPY   100. ACCIDENT GUICIDE   10. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of Item 18.)    Value   10. MAS AUTOPY   100. ACCIDENT GUICIDE   10. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of Item 18.)    Value    |  |                      | stating the under-  | eactine 1/2 you                     |  |  |
| NO NO UNITY STATE    19.   MAS AUTOPSY   200. ACCIDENT JUICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)    19.   MAS AUTOPSY   200. ACCIDENT JUICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)    20.   TIME OF How   Month, Day, Year   INJURY (e.g., in or about home, land to the last saw him alive on last saw him |  | ਰ                    | DANT II. OTHER STORY I (a)  |                                     |  |  |
| NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. INJURY OCCURED WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. I attended the deceased from farm, factory, street, office bidg., etc.)  22e. DATE SIGNED  22e.  | [  |                      | a lit remiples a from Carlard acteur Embolism   | Yes No Unknown                      |  |  |
| NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK ☐ 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bidg., etc.)  Death occurred at ☐ 22e. Date signed  Death occurred at ☐ 23e. NAME OF CEMETERY OR CREMATORY  Death occurred at ☐ 23e. NAME OF CEMETERY OR CREMATORY  Death occurred at ☐ 22e. Date signed  Death occurred at ☐ 23e. NAME OF CEMETERY OR CREMATORY  Death occurred at ☐ 22e. Date signed   | ļ  | DWE                  | 19. WAS AUTOPSY CO. ACCIDENT GUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injur PERFORMED?  | y in PART I or PART II of item 18.) |  |  |
| NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK ☐ 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bidg., etc.)  Death occurred at ☐ 22e. Date signed  Death occurred at ☐ 23e. NAME OF CEMETERY OR CREMATORY  Death occurred at ☐ 23e. NAME OF CEMETERY OR CREMATORY  Death occurred at ☐ 22e. Date signed  Death occurred at ☐ 23e. NAME OF CEMETERY OR CREMATORY  Death occurred at ☐ 22e. Date signed   | 7  |                      | ZOC. TIME OF Hour Month, Day, Year  |                                     |  |  |
| NOT WRITE AT WORK   17, 1966, to Alex 5, 1962 and last saw him alive on Alex 5 1962   21. I attended the deceased from 535   1962   226. DATE SIGNED   12   12   12   12   12   12   12   1  | ᆂᅟᅙᅠၙᆝ   | ₹                    | p.m.  |                                     |  |  |
| NOT WRITE AT WORK   17, 1966, to Alex 5, 1962 and last saw him alive on Alex 5 1962   21. I attended the deceased from 535   1962   226. DATE SIGNED   12   12   12   12   12   12   12   1  |  |                      | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK  farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION | COUNTY STATE                        |  |  |
| Desire occorred  226. SIGNATURE  Desire occorred  226. DATE SIGNED  227. DATE SIGNED  228. ADDRESS  230. LOCATION (City, town, or county) (State)  230. LOCATION (City, town, or county) (State)  230. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  241. FUNERAL DIRECTOR  252. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  | Σ×κ.   | ا ا اوا              | NOT WHILE AT WORK   | Nov. 5 1962                         |  |  |
| Desire occorred  226. SIGNATURE  Desire occorred  226. DATE SIGNED  227. DATE SIGNED  228. ADDRESS  230. LOCATION (City, town, or county) (State)  230. LOCATION (City, town, or county) (State)  230. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  241. FUNERAL DIRECTOR  252. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  | BLA SE   | RE/                  | 735/2   |                                     |  |  |
| 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION (City, 18wif, of county) (State)  236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION (City, 18wif, of county) (State)  236. DATE RECO. BY LOCAL REG. 236. REGISTRAR'S SIGNATURE 236. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 236. DATE RECO. BY LOCAL REG. DATE RECO. BY LOCAL R | # <u>₹</u>   | 13   1               | Death occurred all  |                                     |  |  |
| 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION (City, 18wif, of county) (State)  236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION (City, 18wif, of county) (State)  236. DATE RECO. BY LOCAL REG. 236. REGISTRAR'S SIGNATURE 236. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 236. DATE RECO. BY LOCAL REG. DATE RECO. BY LOCAL R | , i  | [ [ [ ]              | Elisharda M D 306 F2/2 NKC  |                                     |  |  |
| ADDRESS  25. DATE RECO. BY LOCAL REG. 26. REGISTRAT'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECO. BY LOCAL REG. 26. REGISTRAT'S SIGNATURE   | <b>-</b>   | <del> - - - </del> } | 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,   | town, or county) t (State)          |  |  |
| 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  |  |                      | 🛱 Burtal   12/7/1962   Sheffteld Cemetery   Kansas Ci   | ty, Missouri                        |  |  |
| J.P. Louis Funeral Home, K.C., Mo. 12-1-12-10   With Long  |  | ≲       ₹            | 1. 2.   | S SIGNATURE                         |  |  |
| Kicensed Embalmer's Statement on Reverse Side)   |  | =         60         | J. P. LOUIS FUNEFUL HOME, N. C., 190  | un rong                             |  |  |

## STATEMENT BY LICENSED EMBALMER

083

| or by                                  | is recorded on the reverse side of this certificate was embalmed by me |
|--|--|
| working under my personal supervision. | Signed Duy Buffington  |
| Student Signature of Student Embalmer  | Signed Signed  |
|  | Licensed Embalmer No. 2736   |
|  | P. O. Address  |

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply